BAR HARBOR POLICE DEPARTMENT WITNESS/COMPLAINANT STATEMENT COVER SHEET

Date: Time:	_ Place:		<u> </u>
l,	_ Date of Birth:	of	(Chroat Town Chata Zin Talanhana)
			Street, Town, State, Zip, Telephone)
make the following written	statement to		of the Bar Harbor
Police Department, pursua	nt a complaint of _		
against(Suspect/Perpetrator's	Name)	(Type of Off	ense/Crime Being Reported)
	ication, a criminal if this statement is	offense purs s untrue and	do not believe to be true uant to 17-A M.R.S.A. Section falsely made, I am subject to
\$1,000.00 or by imprisonm	ent of up to one you	ear, or by bo low and cons	e, punishable by a fine of up to th. I have read and initialed sisting of the attached page(s). In statement is true and not
Signature:	Dat	te:	
Witness	Do	to:	

	*******	**************************************				
Signature:		Date:				

Page of Witness/Complainant Initials